

CLAIMS ONLY							Application Number <b>101715096</b>		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
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Total Indep	3							Total Indep	1		
Total Depend	88							Total Depend	12		
Total Claims	31							Total Claims	13		

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